

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/868120	FILING DATE
APPLICANT(S)	

3-16-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.	2		7			
TOTAL DEP.	14	↔	9	↔		
TOTAL CLAIMS	16		16			

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IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	
TOTAL DEP.		↔	↔
TOTAL CLAIMS			↔

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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National Stage Processing
(703) 305-3631

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